

STRATEGIC GOAL 4

Contribute to the public health, socioeconomic well being and history of the Nation.

Objective 4.1

Advance VA medical research and development programs to better address the needs of the veteran population and to contribute to the Nation's knowledge of disease and disability.

Objective 4.2

Ensure an appropriate supply of health care providers for veterans and the Nation through sustained partnerships with the medical education community.

Objective 4.3

Improve the Nation's response in the event of a national emergency or natural disaster by providing timely and effective contingency medical support and other services.

Objective 4.4

Enhance the socioeconomic well being of the Nation through veterans' benefits and business assistance programs.

Objective 4.5

Ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made.

VA supports the public health of the Nation as a whole through conducting medical research, offering medical education and training, and serving as a resource in the event of a national emergency or natural disaster. VA supports the socioeconomic well being of the Nation through the provision of education, vocational rehabilitation, and home loan programs. VA preserves the memory and sense of patriotism of the Nation by maintaining our national cemeteries as national shrines, and hosting patriotic and commemorative events.

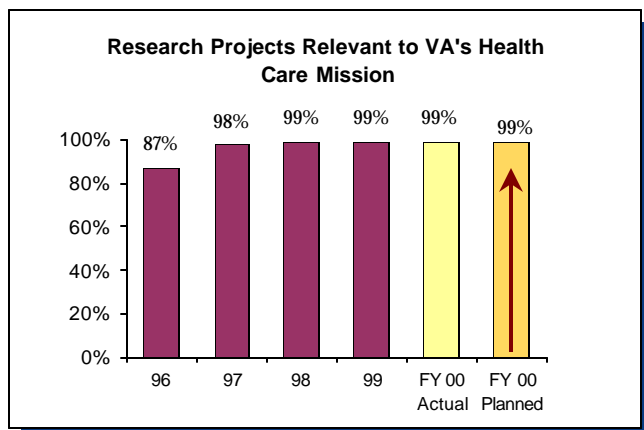
Three key performance measures enable us to gauge progress toward achieving this strategic goal:

- Research projects relevant to VA's health care mission
- Percent of residents trained in primary care
- Percent of respondents who rate the appearance of national cemeteries as excellent

The Share of Research Projects Relevant to VA's Health Care Mission Will Remain at 99 Percent

(This measures supports our objective to advance VA medical research and development programs to better address the needs of the veteran population and to contribute to the Nation's knowledge of disease and disability.)

VA's Research and Development (R&D) program benefits not only veterans, but also the Nation as a whole and the international community. The scope of VA's R&D portfolio extends from basic laboratory research on the cause, treatment, and cure of a variety of diseases, disorders, and disabilities to clinical research on patient care management. Many modern medical technologies—including the cardiac pacemaker, the CT scan, magnetic resonance imaging, and drug therapy for the mentally ill—have their roots in VA research.



The research performance database indicates that in FY 2000, 99 percent of the studies met the criteria for the third consecutive year. VA's outstanding performance history in medical research projects is due primarily to Departmental research management policies. The superior results reflect the R&D program's continuing commitment to improve the health of America's veterans. Without the continued breakthroughs and innovations that have come out of our R&D program, VA's commitment to deliver excellence

in health care service and value would be undermined. The following are examples of medical advances to which VA contributed in FY 2000:

- Researchers at 12 VA medical centers are working with scientists throughout the United States and Canada on a large-scale, multi-center, randomized controlled study of patients with coronary heart disease. The purpose of the study is to compare the effectiveness of angioplasty with medical therapy to medical therapy alone. This international six-and-a-half-year trial, Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE), involves 37 hospitals—12 VA, 12 U.S. non-VA, and 13 Canadian—and more than 3,000 patients.
- VA researchers completed a seven-year study that showed treatment of low high-density lipoprotein (HDL) cholesterol significantly reduces heart disease deaths, heart attacks, and strokes. The study revealed that the drug gemfibrozil caused a 6 percent increase in HDL cholesterol, reducing coronary heart disease deaths by 22 percent, non-fatal heart attacks by 23 percent, and strokes by 29 percent.
- Three popular types of hearing aids that account for 70 percent of the market were subjected to rigorous scientific testing in a clinical trial conducted by VA researchers and the National Institute on Deafness and other Communication Disorders. The study's results may assist doctors in helping millions of Americans to cope with hearing loss more

effectively. This was the first account of a clinical hearing aid trial in medical literature, and shows that hearing aids substantially help users in both quiet and noisy environments. Primary care doctors will now have greater access to information about how hearing aids help many patients, especially those with mild to moderate hearing loss. About one-third of all people 65 years of age or older have nerve-related hearing loss that can often be helped by hearing aids. Presently, only about 20 percent of people who can benefit from hearing aids actually wear them, partly because primary care doctors have not been adequately informed of the benefits. Last year, 85,000 patients were fitted for hearing aids at VA medical centers.

- VA is conducting a large-scale clinical trial that may determine whether intensified blood-sugar control can prevent the major vascular complications that lead to most of the deaths, illness, and treatment costs for patients with Type II diabetes. This seven-year VA Diabetes Trial, started in FY 2000, involves more than 20 VA medical centers across the country.
- VA researchers announced plans for a Tri-National clinical trial to determine optimal anti-retroviral therapy for fighting human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Researchers from the United States, the United Kingdom, and Canada will jointly develop an international study to determine the most effective treatment for persons with AIDS for whom all other treatments have not worked.

Means and Strategies

R&D's policy is to consider for scientific review projects that fit within one or more of VA's nine Designated Research Areas (DRAs) and are highly

relevant to the health care of veterans: (1) aging and age-related changes; (2) acute illness and traumatic injury; (3) military occupational environmental exposures; (4) chronic diseases; (5) sensory disorders and loss; (6) mental illness; (7) substance abuse; (8) special populations; (9) health services and systems. Federally chartered review boards—composed of content experts in medical subspecialties, rehabilitation engineering, clinical trials, and the economics of health care delivery—meet semi-annually to review biomedical research proposals submitted nationwide from VA clinician investigators.

Portfolio analysis is an ongoing process as management assesses the quantity and quality of VA's research efforts among its DRAs. Where areas are underrepresented, requests for proposals and special solicitations are sent out seeking applications from VA researchers. The newly constituted National Research Advisory Council, whose members are external to VA, will assist the Department in determining which parts of the DRA portfolio need augmentation or reduction.

During FY 2001, VA will implement a national research investigator satisfaction survey that will allow for comparisons among the 22 networks. Beginning in FY 2002, VA will track DRAs as the percent of research that is relevant to, and will have an impact on, the clinical needs of veterans.

Crosscutting Activities

Although there is a VA presence on the chartered scientific review board, the preponderance of membership comes from outside the Department. Biomedical experts are drawn from universities and medical schools across the country. In addition, specialists from other government agencies, such as the National Institutes of Health, contribute to the review board's membership. The Department seeks membership from different

geographic areas, diverse ethnic and racial backgrounds, and both sexes. This diversity is representative of both the board membership and the veteran population. Written ad hoc reviews that contribute to the deliberations of the board are sought from experts wherever they can be found—nationally and internationally.

Data Source and Validation

Data come from the Research and Development Information System (RDIS), the internal merit review board records, and an annual portfolio analysis. Maintained by our R&D program, RDIS is continually updated by the Research administration offices located in VA's health care

facilities. Additional sources of data come from internal program review files.

An annual portfolio analysis of all VA-funded research projects conducted by the four research services determines the validity of the data. The measure for this goal is the number of VA-funded projects fitting into one or more of the DRAs, divided by the total number of VA-funded projects. The R&D office produces an annual report that is national in scope.

More detailed information about VA's research program, including summaries of recent research in each of the nine DRAs, may be found on the World Wide Web at <http://www.va.gov/resdev>.

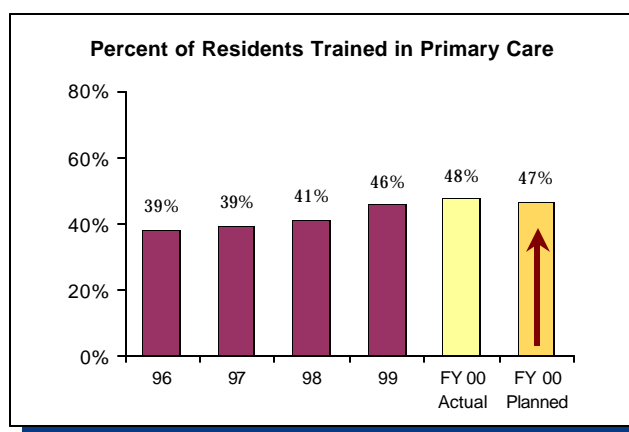
Increase the Number of Residents Trained in Primary Care to 47 Percent

(This measure supports our objective to ensure an appropriate supply of health care providers for veterans and the Nation through sustained partnerships with the medical education community.)

FY 2000 marks the third consecutive year in which VA has exceeded its performance target for this measure. In future plans and reports, this key measure will be replaced by the following key measure for the medical education program: "Medical residents' and other trainees' scores on a VHA survey assessing their clinical training experience."

Means and Strategies

VA conducts an extensive education and training program to enhance the quality of care provided to veterans within the VA health care system. Education and training efforts are accomplished through coordinated programs and activities for



health professions' students and residents by means of partnerships with affiliated academic institutions. The presence of health professions'

trainees improves veterans' care by fostering an academic milieu, while enhancing staff recruitment and retention.

Crosscutting Activities

VA continued to build on its long-standing relationships with the Nation's academic institutions and intends to take a leadership role in reshaping the education of future health care professionals.

Data Source and Validation

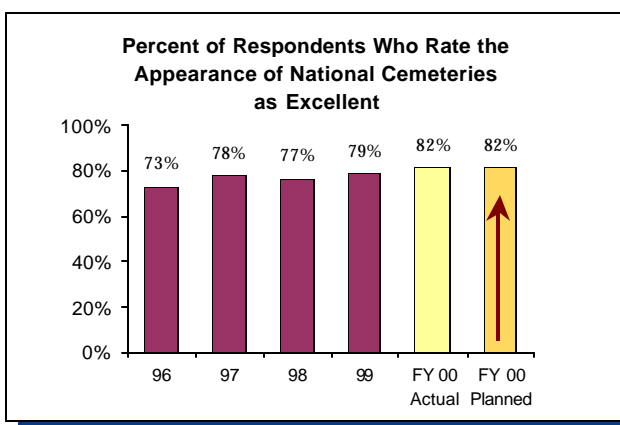
The data source is residency allocation records maintained in the Office of Academic Affiliations. These data are kept by academic and fiscal year. The measure for this goal is the number of residency positions classified in primary care (including general internal medicine, family practice, geriatric medicine, obstetrics and gynecology, preventive medicine, and occupational medicine) at the end of the fiscal year as compared against all VA-funded residency positions. A national report is prepared annually documenting these changes.

Increase the Number of Respondents Who Rate the Appearance of National Cemeteries as Excellent to 82 Percent

(This measure supports our objective to ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made.)

Our Nation's veterans have earned the appreciation and respect not only of their friends and families, but also of the entire country. National cemeteries are enduring testimonials to that appreciation and should be places to which veterans and their families are drawn for a dignified burial and lasting memorial. Veterans and their families expect national cemeteries to have well-maintained gravesites, buildings, facilities, and headstones and monuments.

Satisfaction with the appearance of national cemeteries remained at a very high level. Cemetery appearance goals are set consistent



with the high expectations of veterans and the general public.

Means and Strategies

To make sure the appearance of national cemeteries meets the standards our Nation expects of its national shrines, VA performed a wide variety of grounds management functions. Headstones were set, aligned, or realigned to maintain uniform height and spacing. Headstones that became soiled were cleaned. In-ground gravesites (casket and cremain) required maintenance to prevent and correct ground sinkage. To preserve columbaria, VA cleaned stains from stone surfaces, maintained the caulking and grouting between the units, and repaired the surrounding walkways. While attending to these highly visible aspects of our national shrines, VA also maintained roads, drives, parking lots, and walks; painted buildings, fences, and gates; and repaired roofs, walls, and irrigation and electrical systems. For example, a construction project was completed in FY 2000 to restore a deteriorating historic brick wall surrounding Memphis National Cemetery. At Golden Gate National Cemetery, improvements were made to increase handicapped accessibility to the administration building and chapel.

Cemetery acres that have been developed into burial areas, and other areas that are no longer in a natural state, also required regular maintenance. In FY 2000, VA maintained nearly 6,800 developed acres and 2.4 million graves.

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directs VA to contract for a study on improvements to national cemeteries. The report to Congress will include a demographic study, an assessment of one-time repairs needed at all 119 national cemeteries, and an assessment of the feasibility of making standards of appearance equal with the finest cemeteries in the world. NCA has awarded a contract to conduct the study. When completed,

this report will include key data which VA can use in its planning processes for maintaining national cemeteries as national shrines.

Numerous ceremonies and memorial services were held during FY 2000 at national cemeteries to honor those who made the supreme sacrifice. For example, ceremonies were held at Houston and San Joaquin Valley National Cemeteries and at the National Memorial Cemetery of the Pacific in remembrance of the Korean War's 50th Anniversary. Memorial Day 2000 saw thousands of visitors across the Nation gather at national cemeteries to honor Americans who served our country. Dignitaries spoke of honor and sacrifice, relatives remembered loved ones, wreaths were laid, honor guards paraded, planes flew over, and patriotic music played. Miss America 2000, Heather French, addressed approximately 2,000 people attending the ceremony at Calverton National Cemetery. A ceremony was held at Riverside National Cemetery dedicating the National Medal of Honor Memorial. The memorial, honoring the 3,409 Americans who received the country's highest combat medal for valor, includes polished granite panels engraved with the names of all medal recipients. These engraved panels surround a rectangular pool and fountain.

NCA completed a project, started in 1994, to include each of the Civil War-era national cemeteries in the National Register of Historic Places. With the inclusion of San Antonio, Texas, and Natchez, Mississippi, National Cemeteries in FY 2000, all 59 Civil War-era national cemeteries are now listed.

To ascertain how our customers and stakeholders perceive the appearance of national cemeteries, VA annually seeks feedback from them through visitor comment cards and focus groups. This information is used to determine expectations of cemetery appearance as well as specific

improvement opportunities and training needs. VA is developing a nationwide mail-out survey to better measure the public's perception of the appearance of national cemeteries. NCA will use the information gathered as part of the strategic planning process to develop additional strategies for improvement. VA will continue to conduct focus groups to collect data on stakeholder expectations and their level of satisfaction with the appearance of national cemeteries.

Crosscutting Activities

VA continued its partnerships with various VA and civic organizations that provide volunteers and other participants to assist in maintaining the appearance of national cemeteries. For example, an Interagency Agreement with the Bureau of Prisons provided for the use of selected prisoners to perform work at national cemeteries.

Under a joint venture with VHA, national cemeteries provide therapeutic work opportunities to veterans receiving treatment in the Compensated Work Therapy/Veterans Industries (CWT/VI) program. The national cemeteries are provided a supplemental work force; the veterans

have the opportunity to work for pay, regain lost work habits, and learn new skills. Veterans in one medical center's CWT/VI program not only maintain a nearby national cemetery's grounds, but prepare sites for burial; clean, set, and repair headstones; and assist visitors at the cemetery. The knowledge that the cemetery is being cared for by local veterans has enhanced community pride and interest in the cemetery.

Data Source and Validation

The source of data to measure the appearance of national cemeteries is the NCA Visitor Comment Card. Data are collected annually for a period of 90 days. The measure for cemetery appearance is the percentage of respondents who rate the appearance of the cemetery as "excellent." Respondents are asked to rate the appearance of cemetery grounds, headstones and markers, gravesites, and facilities. Cemetery appearance is considered the average of excellent scores in each of the four areas rated.

VA headquarters staff oversees the data collection process and provides an annual report at the national level. MSN and cemetery level reports are also provided for NCA management use.